

Lessons

NGO Promising Practices

Building Collaborative NGO Networks to Share Lessons Learned about Community Health

by Judi Aubel and Barton R. Burkhalter

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BASICS

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Abstract

The Basic Support for Institutionalizing Child Survival (BASICS) Project conducted two "Promising Practices" workshops for nongovernmental organizations (NGOs) in Burkina Faso and Senegal during 1997 aimed at improving child survival and community health programs. The NGOs presented and discussed their own promising practices. A nine-month follow-up assessment concluded that this activity had succeeded in providing the participating NGOs with practical ideas that they used to strengthen their own programs, and stimulated a process of active collaboration among the participating NGOs and their national and district Ministries of Health. This approach may be an effective and low-cost method for building sustainable networks of NGOs in child survival and community health in developing countries. This report provides information on the workshop methodology, the promising practices presented, and the specific actions taken by the NGOs as a result of the workshop program.

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Executive Summary

The Basic Support for Institutionalizing Child Survival (BASICS) Project carried out two “Promising Practices” programs for nongovernmental organizations (NGOs) in Burkina Faso and Senegal during 1997. The centerpiece of each program was a small workshop of the most capable NGOs working in community health and related topics in the country. The workshops used participatory methods to help NGOs critically examine the effectiveness of their own programs and to identify and document which of their activities held the most promise for improving child survival and community health. The participating NGOs shared these promising practices with each other.

The workshops proved to be a catalyst for the participants in at least four ways. First, many of the participating NGOs implemented practices they had learned from other NGOs at the workshop. Second, many of the participants used the community mapping analysis and other analytical tools they learned at the workshops to critically examine and improve their programs and practices. Third, the workshops appear to have initiated an active process of networking and collaboration among the participating NGOs. They have visited each other’s field sites, adopted manuals and materials from each other, entered into joint ventures, and even subcontracted work to one another. Finally, the workshops appear also to have increased collaboration between NGOs and the Ministries of Health (MOHs) in both countries.

These preliminary results suggest that such Promising Practices workshops may be an effective method for improving NGO programs in child survival and community health and for building sustainable networks of NGOs active in such programs.

1. Background

Nongovernmental organizations play an important role in delivering primary health care services and promoting child survival in many developing countries, particularly in Africa. NGOs typically serve and champion the needs of vulnerable and difficult-to-reach segments of the population — groups often neglected by governments and private health care providers. For example, in many countries, NGOs are the primary providers of maternal and child health (MCH) services. In addition, they deliver emergency food, medical, and health services to people affected by natural and manmade disasters.

The NGO community is diverse, ranging from small, indigenous, strictly volunteer organizations to large, well-funded, international organizations with professional staffs and affiliates in many countries. This diversity can be both a strength and a weakness. On one hand, small, local organizations can often be quite flexible in responding to the needs of particular communities or population segments, and, in fact, they are emerging as an important source of innovative models for delivering community services.

On the other hand, in many countries, the sheer number and diversity of NGOs has been a barrier to effective communication and collaboration among NGOs and between NGOs and governmental agencies and donors. In particular, there is concern about improving the cost-effectiveness of NGO programs and about disseminating the lessons learned by individual organizations to other NGOs and to others in the public health community.

BASICS sought to address these concerns by strengthening the programs of individual NGOs and by helping groups of NGOs distill and share lessons learned from their experiences. To do this, BASICS organized two capacity-building workshops in Burkina Faso and Senegal for NGOs that are implementing effective programs in child survival, family planning, MCH, community health, education, and community development. The workshop program had four objectives:

- # identify and document promising NGO practices
- # strengthen NGO capacity in child survival and community health
- # spread promising practices
- # foster increased collaboration among NGOs and between NGOs and governmental agencies and donor organizations.

2. The Program

The programs carried out in Burkina Faso and Senegal consisted of two phases. In each country the first phase involved selecting participants and getting them ready for the workshop, and the second phase was the workshop itself. While there is a natural tendency to think of the workshop as the central activity of the program, the earlier phase may well have been the key to the success that was achieved.

SELECTING AND PREPARING THE NGOS

Participation was limited to a few of the most capable NGOs that had been working in community health or related topics in the country. Specifically, four criteria were used to select NGOs to participate:

- # involved in community health or related topic
- # among the most competent NGOs in the country
- # using one or more promising practices, and capable of describing them
- # interested in participating.

By limiting the number of NGOs, several representatives from each NGO could attend the workshop and still keep the workshop small enough to maintain a high quality learning experience.

The process of identifying potential NGOs to attend the workshop and then applying the criteria to select participants was performed by the BASICS project team in consultation with local persons knowledgeable about NGOs in the country. In each country, the BASICS team was headed by Dr. Judi Aubel, a long-time resident of Senegal with extensive experience in community health and adult education in West Africa, and also included other members of the BASICS West Africa Regional Office. Thus the project team brought considerable knowledge about local NGOs to their task.

An extensive preliminary list of potential NGOs was prepared in each country, and judged against the selection criteria by the project team. Many of the NGOs were visited at their office during the selection process. Finally, nine NGOs were selected in Burkina Faso and seven in Senegal (listed in Annex A). The 16 participating NGOs are very diverse, including local affiliates of U.S. and other international NGOs as well as

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indigenous NGOs, and specializing in different topics such as health, education and general community development.

Each of the 16 selected NGOs identified 2 to 4 staff members to attend the workshop as a team. NGOs were asked to include field staff who played key roles in implementing the promising practice, and they all did. Twenty-one participants attended each workshop, not counting the facilitators and other BASICS support staff.

A few NGOs included colleagues from the Ministry of Health (MOH) on their workshop team. This proved to be a serendipitous happening because it enhanced discussion, and even more important, led to productive collaboration between the MOH and NGOs after the workshop. Three of the 21 participants in Senegal were from the MOH, and two in Burkina Faso.

Members of the BASICS project team spent several hours meeting with members of each NGO team prior to the workshop. The purpose of these sessions was to help the NGO begin to define and document their promising practice, while providing the project team with valuable information about the promising practice and the nature of the support that the NGOs needed to adequately describe their promising practices. The knowledge gained by the BASICS project team during these pre-workshop meetings provided crucial input to the design of the workshop.

THE WORKSHOPS

The workshops were held in April 1997, one in Burkina Faso and another in Senegal. The workshops were designed to be participatory, focused around a shared discussion through which the NGOs would analyze their own activities, rather than around presentations by experts or a study of written materials. Yet, the workshops were also highly structured, with each day tightly programmed into well-defined exercises and tasks that would fulfill the workshops objectives.

BASICS' initial contacts with the NGOs revealed that they rarely document their activities or critically analyze their work to synthesize their experiences or distill lessons learned. Based on this observation, the workshops were designed to be an "experiential learning cycle," to allow the NGOs to follow four steps to analyze their programs:

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- # Gain experience in program implementation (which all participating NGOs had done prior to the workshop)
- # Document and analyze that experience (i.e., identify promising practices)
- # Formulate conclusions and generalizations about promising practices
- # Distill lessons learned and recommendations for future action.

Another shortcoming noted by BASICS during the pre-workshop meetings with many of the NGOs was the narrow perspective the NGO gave of their own promising practice. They rarely viewed their experience in a broad, systemic community context, a failing which might prevent them from seeing the potential of collaboration with other NGOs working on other aspects of the community. To address this issue, the workshops introduced an exercise on community health from a systems perspective, which proved to be very popular with the participants.

The three-day workshop agenda includes twelve sessions, which are described in greater detail in Annex B. The first two sessions were designed to create a relaxed and creative learning environment. Sessions 3–5 used participatory learning exercises to explain several techniques for analyzing community health interventions, including the systems perspective exercise. In particular, the experiential learning cycle was presented as the framework for the remaining sessions of the workshop. During Session 6, each NGO analyzed its own practices, and, in Session 7, each NGO presented this analysis to the full group, which then worked together to distill lessons learned from the NGOs' collective experiences. (These two sessions comprised the core of the workshop and consumed almost two full days.) The last five sessions were devoted to wrapping up and evaluating the workshop, including evaluating the workshop methodology and structure, assessing the NGOs' technical assistance needs, and outlining next steps.

The Promising Practices Workshop (3 days)		
Session	Duration	Topic
1	30 minutes	Creative Thinking and Unconventional Solutions
2	30 minutes	Different Perspectives on the Same Situation
3	45 minutes	Two Approaches to Development

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4	2 hours	The Community Context: A Systems Analysis
5	1 hour	The Experiential Learning Cycle
6	½ day	Analyzing Promising Practices
7	1½ days	Presenting Promising Practices and Distilling Lessons Learned
8	30 minutes	Feedback on the Experiential Learning Cycle
9	30 minutes	Assessing the NGOs' Technical Assistance Needs
10	30 minutes	Workshop Evaluation
11	30 minutes	Discussion of Next Steps
12	15 minutes	Wrap Up

The considerable intensity apparent at the workshops focused primarily on the promising practices outlined in Annex C. They include a wide variety of innovative approaches aimed at the community, health facility and district levels.

3. The Promising Practices

The workshop participants presented a wide variety of innovative and effective community health and development activities. These ranged from broad strategies for implementing community health programs to narrowly targeted practices appropriate for a particular context. These activities — referred to collectively here as “promising practices” — also include approaches and methods that the participants felt had already been proven effective (“best practices”), as well as more experimental, untested, or unevaluated approaches.

In general, the promising practices identified encompass activities at three basic levels:

- # **Community level:** Most of the discussion at the workshop revolved around activities to integrate health promotion or effective management of childhood illness into other development-related programs already in place at the community level (such as projects to improve the communities’ water supply, food security, or income-generation potential). The most promising community-based practices were those that promoted the active participation of many different community members, including men, grandmothers, students and teachers, either as individuals or through community-based organizations.
- # **Health facility level:** Several of the participating NGOs work directly to improve the quality of services available at local health facilities. Primarily, their activities center around making patients feel more welcome, important, and at home at local health facilities.
- # **District level:** The workshop participants identified a surprising number of promising practices for strengthening child survival and community health programs at the district level. These activities always involved the MOH, which is technically responsible for community health programs in both Burkina Faso and Senegal. In particular, the promising practices involved strengthening collaboration among individual communities, helping MOH health workers learn community approaches used successfully by NGOs, and spurring collaboration among health workers and development workers in other sectors, such as agriculture, education, or water systems.

The specific practices reported at each of these levels are described in Annex C.

4. Preliminary Results

To assess the impact of the program, BASICS conducted in-depth follow-up interviews with workshop participants nine months after the workshops were completed. A standard set of questions was used to probe the participant's opinion about the workshop and to identify actions taken by the NGO as a result of the workshop experience. Actions taken were then explored in more depth. In addition to NGO participants, interviews were held with MOH participants and with other staff from the participating NGOs who were likely to have knowledge about actions resulting from the workshop. A total of 24 persons from nine NGOs and the MOH were interviewed.

Based on this evaluation, the workshops proved remarkably successful in strengthening the programs of participating NGOs in three ways:

- # **Improved NGO practices:** The NGO participants learned new skills and techniques to critically evaluate their activities and to identify areas for improvement. They also learned promising practices and approaches from other NGOs that they could apply to strengthen their own programs. The participants were able to transfer the knowledge they gained at the workshops to their own organizations and to apply a number of the promising practices and approaches to strengthen their own programs.
- # **Increased NGO collaboration:** The workshops stimulated an active process of networking and collaboration among the NGO participants. Following the workshop, the participants visited each other's field sites, adopted each other's manuals and program materials, and even established more formal partnerships and joint ventures. Notably, these new NGO partnerships and networks have been fundamentally practical and content-driven and have sprung up in service of the NGOs' child survival and community health programs and practices rather than in service of more institutional or administrative objectives.
- # **Strengthened relationships between NGOs and the MOH:** The MOH staff members who participated in the workshops have more effectively tapped into the expertise of the NGO community by working more closely with them to plan and implement community health and child survival programs at the local, district, and national levels.

IMPROVED NGO PRACTICES

The NGOs that participated in the workshops report that they have improved their own programs using techniques they learned at the workshops and ideas they obtained from the other participants.

In particular, the participants appeared to find the Experiential Learning Cycle and the Community Mapping systems analysis directly relevant to their work. For example, three NGOs reported that they are now using the Experiential Learning Cycle technique to analyze their own programs (see Annex B for the four steps in the cycle). The Community Mapping analysis led a number of NGOs to broaden their programs to target additional types of community actors, such as men, community leaders, grandmothers.

The promising practices presented at the workshop ranged from broad strategies for implementing community health programs to narrowly targeted practices appropriate for a particular context. They included approaches and methods that participants felt had already been proven effective (“best practices”), as well as more experimental, untested, or unevaluated approaches. In general, the promising practices identified at the workshops encompass activities at three basic levels (the specific practices identified are outlined in Annex C):

- # **Community level:** Much of the workshop discussion revolved around activities to integrate health promotion or effective management of childhood illness into other development-related programs in place at the community level (i.e., projects to improve the communities’ water supply, food security, or income-generation potential). The promising practices identified focused on encouraging the active participation of community members, either as individuals or through community-based organizations (CBOs).
- # **Health facility level:** Several of the participating NGOs work directly to improve the quality of services available at local health facilities. Primarily, their activities center around making patients feel more welcome, important, and at home at local health facilities.
- # **District level:** The workshop participants identified a surprising number of promising practices for strengthening child survival and MCH programs at the district level. These activities always involved the MOH, which is technically responsible for community health programs in both Burkina Faso and Senegal. In particular, the promising practices involved strengthening collaboration among

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individual communities, helping MOH health workers learn community approaches used successfully by NGOs, and spurring collaboration among health workers and development workers in other sectors, such as agriculture, education, or water systems.

The NGOs also report adopting some of the strategies and practices they learned at the workshop. For example:

- # One NGO in Burkina Faso reports that the workshop convinced them that strengthening the role of existing community women's groups in their programs would improve sustainability.
- # Another NGO in Burkina Faso decided to build gender concepts into its community training program using the principles and techniques described at the workshop by another NGO (Women and Health).
- # One NGO revised its adult literacy materials to include substantially more information and examples on child health, using some materials presented at the workshop.
- # An NGO that operates a child-to-child program in Senegal reports that the workshop led them to pay more attention to the nutritional condition of the children in their program and to launch a pilot nutrition program that uses local food.

The participants from the MOH report taking home similar lessons from the workshop. One MOH district office in Senegal now involves nurses from health posts in interpreting local health data and in developing action plans to address the problems identified — an idea district health officials say they gleaned from the workshop. MOH officials from a health district in Burkina Faso report revising their method for working with village health committees to conform more closely to an approach they learned at the workshop from an indigenous NGO (Mwangaza) which encourages committee members to define their own roles and responsibilities.

INCREASED NGO COLLABORATION

The workshop led some of the participating NGOs to interact and work together for the first time, while others have significantly increased their level of collaboration across a wide variety of activities. Notably, these new NGO partnerships and networks are fundamentally practical and content-driven.

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- # One NGO in Senegal is helping produce a video about the activities of another NGO, which it learned about at the workshop.
- # The participating NGOs have visited each others project sites to learn more about innovative practices and strategies presented at the workshop. For example, nearly the entire staff of one NGO in Senegal made a week-long visit to the project site of another NGO to learn about its integrated approach to community health and development, bringing along members of the community and an MOH representative.
- # An NGO operating in Senegal was invited to facilitate a community session on gender concepts for another NGO.
- # One participant in the Senegal workshop connected the other participants to a World Bank–sponsored NGO network in which it is involved.
- # Representatives of two NGOs with field offices in the same town in Senegal met and learned of each other’s expertise and activities for the first time at the workshop. They subsequently collaborated on a literacy for child health program in several health districts.

STRENGTHENED RELATIONSHIPS BETWEEN NGOS AND THE MOH

The workshops have spurred increased collaboration between NGOs and the MOH at the national and district level:

- # As a result of its participation in the Senegal workshop, SANAS, the nutrition arm of the MOH, invited two NGOs (World Vision and Plan International) to help in the development of its annual work plan. SANAS also arranged for some of the workshop participants to visit its offices and meet its staff.
- # One NGO in Burkina Faso decided to increase the level of its collaboration with district MOH staff and to shift its strategy to provide greater support to MOH efforts and staff in its project areas while reducing direct involvement by its own staff members in project implementation.
- # A district MOH office in Senegal invited two NGOs to collaborate in planning its Accelerated Malaria Program. The program was later judged to be the best in the country by the national MOH, in part because it incorporated an NGO suggestion to have village women make and impregnate their own anti-malarial mosquito nets rather than to have the MOH buy and deliver them. This successful collaboration

led the district MOH office to seek the active collaboration of NGOs in the district HIV/AIDS program.

5. Conclusions

The success of the “Promising Practices” programs in Burkina Faso and Senegal suggests that this type of program may be an effective means for strengthening NGO programs in community health and for building more collaborative relationships among NGOs and between NGOs and the MOH.

The program was remarkably successful in achieving some of its four objectives and less so in others:

- # *Identify and document promising NGO practices:* The participants were able to document many different promising practices in child survival and community health and to distill some lessons learned from their collective experiences.
- # *Strengthen NGO capacity in child survival and community health:* The NGO participants claimed to have learned new skills and techniques to critically evaluate their activities and identify areas in need of improvement. Many also said that they learned lessons from the experiences of other NGOs.
- # *Spread promising practices:* Progress towards this objective is unclear. The follow-up interviews did not systematically ascertain the spread of promising practices within an NGO’s own organization or to other NGOs. While general enthusiasm for many of the promising practices was apparent, specific examples of their replication were not encountered during the interviews, perhaps because a longer time interval is required.
- # *Foster increased collaboration among NGOs and between NGOs and governmental agencies and donor organizations:* The follow-up interviews show convincingly that the workshops stimulated an active process of networking and collaboration among the NGO participants. Following the workshop, the participants visited each other’s field sites, adopted each other’s manuals and program materials, and even established more formal partnerships and joint ventures. Notably, these new NGO partnerships and networks are fundamentally practical and content-driven, having sprung up in service of the NGOs’ child survival and community health programs and practices rather than in service of more institutional or administrative objectives.

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In addition, the MOH staff members who participated in the workshops have more effectively tapped into the expertise of the NGO community by working more closely with them to plan and implement community health and child survival programs at the local, district, and national levels.

The fact that the networking process flowed from a focus on content (i.e., promising practices related to child survival and community health) indicates that these collaborative relationships are likely to be more sustainable than network structures created by external forces, such as donor-funded umbrella groups. The inclusion of local and national-level MOH officials further strengthens the networking process.

What were the key factors that contributed to the success of this program, especially with respect to identifying promising practices and fostering collaboration and networking? Based on the follow-up interviews and the judgement of the BASICS project team, several factors were identified as most important to the success of the program.

- # The careful selection of a few of the most capable NGOs in the country kept the workshop small and the caliber of interaction and learning high.
- # Inclusion of NGOs with expertise in different topics (e.g., education, health care, general community development) relevant to community health was very important. NGOs working primarily in the health field were able to learn about effective practices being used by NGOs working in other fields, which enriched the base of experience from which the lessons learned were drawn.
- # The pre-workshop meetings with each NGO helped both the NGOs and the project team prepare for the workshop.
- # Another key to success was the participatory nature of the workshop, according to both the participants and the organizers. The experiential learning cycle provided a useful framework for the workshop sessions and, later, as a helpful tool for the participants as they sought to critically analyze their own programs. The Community Mapping systems analysis (Session 4) was highly productive in helping participants identify critical actors in community health and build a systems-oriented view of their communities.
- # The program focused on the NGOs' own activities, rather than abstractions and concepts developed by others. The result was a much greater sense of ownership and emotional commitment on the part of the NGOs, both during the workshops and afterward.

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- # The nature of the participants themselves was an important factor. The presence of key field personnel with first hand experience of the practices contributed enormously to the description of and discussion about the promising practices. Clearly the presence of MOH colleagues at the workshops led to increased understanding and, subsequently, to greater collaboration between the MOH and the NGO community.
- # Competent planning, preparation, and facilitation of the workshop was also vital to the effort. This is particularly important given the participatory nature of the workshop. Others who follow this workshop methodology may want to consider using more than one facilitator, to work individually with each group.

Is the promising practices methodology worth replicating elsewhere? The results in Burkina Faso and Senegal indicate that this approach identifies many promising practices, is popular with the participants, and appears to be effective in spurring the establishment of sustainable, content-driven NGO networks. This early success argues strongly for the application of this methodology in other developing countries with large and active NGO communities, particularly as an alternative to more expensive approaches.

Ways should be sought to extend the approach to the many NGOs in Burkina Faso and Senegal that did not participate in the initial workshops. One possible approach for extending the program to other NGOs would be to hold multiple rounds of the workshops, using the NGOs that participated in the initial two workshops to organize and facilitate the additional workshops.

Finally, consideration should be given to organizing meetings or other activities to continue the process of evaluating, documenting and diffusing the promising practices identified at the workshops.

Acknowledgments

This report is based on two workshops sponsored by the Basic Support for Institutionalizing Child Survival (BASICS) Project in April 1997 (one in Burkina Faso and another in Senegal). The workshops were designed by and implemented under the direction of Dr. Judi Aubel, a consultant to BASICS who worked out of the BASICS regional office in Dakar, Senegal. T. Kabore, the coordinator of a local NGO that conducts training in public health, served as co-facilitator of the workshop in Burkina Faso. Dr. Yaya Drabo, the BASICS West Africa Regional Technical Officer, provided part-time assistance to Dr. Aubel for the Senegal workshop.

Dr. Aubel and Dr. Barton R. Burkhalter, a Technical Officer with BASICS, evaluated the results and impact of the workshop during January 1998. Their evaluation consisted of a series of follow-up interviews with many of the NGO participants and two in-depth case studies of particular NGO programs — a community health project in Burkina Faso operated by Save the Children/ Netherlands and another in Senegal run by World Vision. The case studies were sponsored by the United Nations Children's Fund (UNICEF) and BASICS as part of a larger analysis of participatory communication strategies. Drs. Aubel and Burkhalter were assisted in their evaluation by the BASICS regional office in Dakar and by several consultants, including Mr. Gaston Sogbo in Burkina Faso and Mssrs. Mamadou Diagne and Ahmet Diagne in Senegal.

Nancy Keith, Patricia Bandy, and Patricia Shawkey of the BASICS project provided valuable comments on preliminary drafts of this paper. Linda Griffin Kean of Kean Insights Communications edited and formatted the final report.

Annex A: The Workshop Participants

NGOs Participating in Promising Practices Workshops, 1997	
Burkina Faso	
ABEPE	Child-to-Child Association of Burkina Faso
Africare	a U.S.-based relief and development organization dedicated to improving the quality of life in rural Africa through self-help programs
APAIB*	Association for Promotion of Infant Feeding of Burkina Faso (<i>Association pour la promotion de l'alimentation infantile Burkinabe</i>)
Mwangaza*	an indigenous training organization with an interest in public health
Peace Corps	an agency of the U.S. government, which sends U.S. volunteers overseas to provide manpower and training (In Burkina Faso, Peace Corps volunteers work closely with nurses from MOH health centers, who also participated in the workshop.)
Plan International	A London-based relief and development organization (with offices also in the United States)
SCF/Netherlands*	Save the Children/ The Netherlands, the Dutch affiliate of the International Save the Children Alliance, an association of 25 autonomous organizations working for children
SCF/US*	Save the Children Federation, a U.S. PVO and a member of the International Save the Children Alliance (see above).
Women&Health	A U.S.-based NGO focused on women's health (<i>Femmes et Santé</i>)

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NGOs Participating in Promising Practices Workshops, 1997

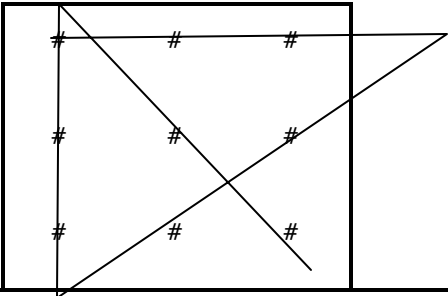
Senegal

Aide & Action*	A French-supported NGO involved in child-to-child activities through schools
APSPCS*	Association of Private Catholic Health Centers of Senegal (<i>Association de postes de santé privés Catholiques du Senegal</i>)
ASBEF	Association for Family Welfare of Senegal (<i>Association Senegalaise pour bien-être familial</i>), a local affiliate of the International Planned Parenthood Federation (IPPF)
Plan International	A London-based relief and development organization (with offices also in the United States)
TOSTAN*	A U.S.-based NGO focused on adult literacy (active only in Senegal)
VE/Kolda	Vredeseilanden/Kolda (also known as "Ile de Paix"), a Belgian-based NGO
World Vision*	World Vision Relief & Development, a U.S.-based nonsectarian relief and development agency affiliated with World Vision Partnership, an international Christian social agency.

* NGOs contacted for follow-up interviews as part of the workshop evaluation.

Annex B: The Twelve Workshop Sessions

Session 1. Creative Thinking and Unconventional Solutions

Session 1. The Nine Dots Exercise
<p>The Exercise</p> <p>During this exercise, each participant tries to connect each of nine dots arranged in a square (3 x 3 x 3) using four lines and without picking up his or her pencil. The solution involves extending the lines outside the box, as shown below.</p> 
<p>Follow Up</p> <p>After the exercise, the facilitator asks the following questions:</p> <ul style="list-style-type: none">P What do you think of the exercise?P What prevented you from finding a solution?P What lesson can you take from this exercise?P Why do you think we started the workshop with this exercise?

Session 2. Different Perspectives on the Same Reality

A picture of an “old and young woman” serves as a stimulus for discussion of how different types of community members and different NGO staff members and collaborators hold different perspectives on the same community situation.

Session 2. Picture of the Old and Young Woman

The Exercise

During this exercise, participants meet with the other representatives from their organization to decide whether the woman in the picture is young or old, when in fact, both a young woman and an old woman are present.

Follow Up

After the exercise, the facilitator asks the following questions:

- P What does your group see in the picture?
- P Who sees a young woman?
- P Who sees an old woman?
- P Is one way of interpreting the picture better than another?
- P What conclusions can be drawn from this exercise?
- P Why do you think we included this exercise in the workshop?

Session 3. Two Approaches to Development

The facilitator presents two contrasting approaches to the implementation of community health and development programs:

- # The blueprint approach is linear, based on notions of scientific management. Progress toward the achievement of quantifiable goals is monitored and measured to assess accomplishments.
- # The process learning approach involves ongoing analysis of the implementation process to identify strengths and weaknesses and develop lessons to improve program implementation.

The discussion of the process learning approach serves as a foundation for the remainder of the workshop, which focuses on a critical analysis of various program strategies in terms of their strengths and weaknesses in order to distill lessons learned.

Session 4. The Community Context: A Systems Analysis

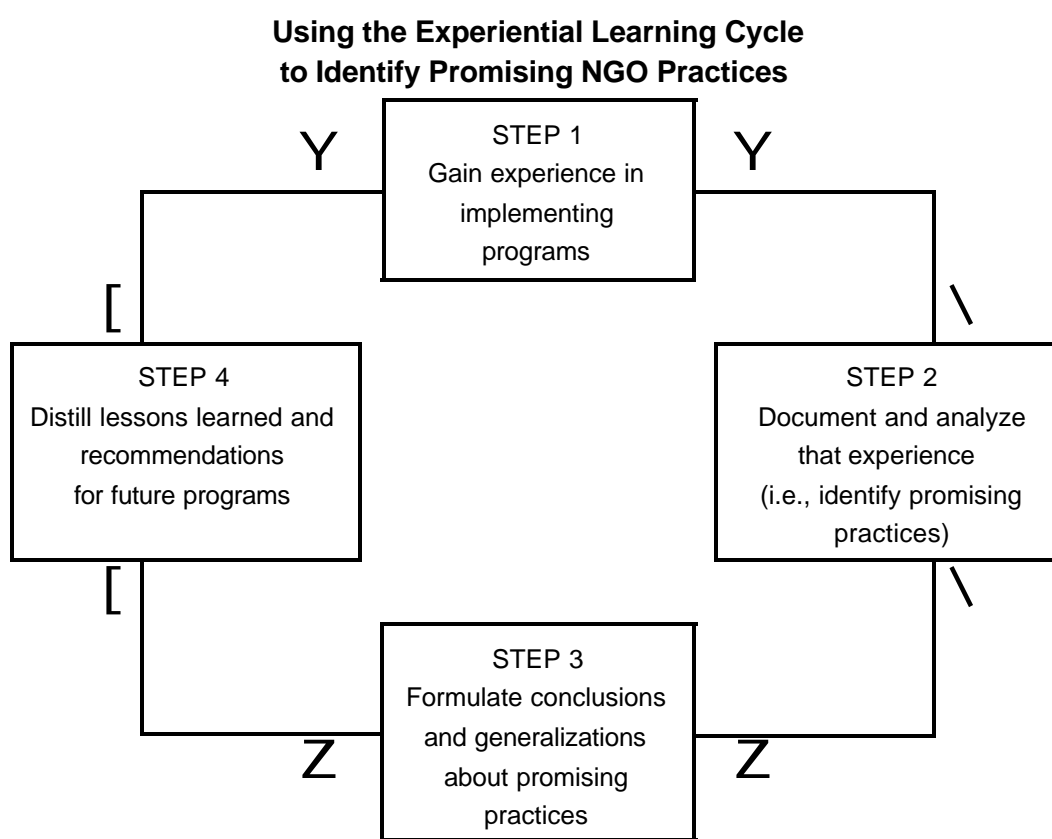
The goal of this session is to help participants develop a systems-oriented perspective on child survival and maternal and child health. Several approaches are used to help participants identify different factors that influence child health at the community level.

Specifically, participants are asked to identify different categories of community actors who promote and manage health in families and communities and describe their roles. Later, during Session 6, when the participants discuss various NGO strategies and

promising practices, they should assess the appropriateness of these strategies for these various categories of community actors.

Session 5. The Experiential Learning Cycle

The experiential learning cycle is presented as the framework for the remaining sessions of the workshop, and each of the four steps in the cycle are described.



The facilitator explains that participants will be asked for feedback about the usefulness of this framework for the workshop and about its potential usefulness to them as they monitor and evaluate their own programs.

Session 6. Analyzing Promising Practices

The representatives from each NGO work together as a team to analyze one or two of their organization's promising practices. This takes the team several hours and involves answering a set of questions, customized for their NGO, that takes them through steps 2 and 3 of the experiential learning cycle (i.e., documenting and analyzing their experience in implementing child survival and MCH programs and formulating conclusions and generalizations about promising practices). The questions probe many aspects of their practices and approaches, including the rationale, strengths and weaknesses, appropriateness for various types of community actors, etc.

The practices can be focused on any (or all) of three levels:

- # The community level: Most NGOs activities are targeted at the community level, and many of the promising practices identified at the BASICS workshops included ways to improve community involved in child survival activities.
- # The health facility level: Few NGOs focus on health facilities, but two important promising practices were identified at the BASICS workshop in Senegal: ensuring a generally positive experience for people who visit health centers, and promoting the use of local foods (i.e., for weaning children).
- # The district MOH level: The Ministry of Health is responsible for community health activities, and the participants in the BASICS workshops identified several promising practices for improving the child survival activities at this level, including strengthening MOH workers' ability to implement participatory health activities and improving collaboration between MOH workers and others engaged in child survival and related development activities.

Session 7. Presenting Promising Practices and Distilling Lessons Learned

During the next day-and-a-half, the NGO teams present their analyses of their organization's promising practices. The presentations are grouped by the level of intervention (i.e., community, health facility, or district) and by the types of community actors involved (which were identified during Session 4).

There is discussion among the full group at the conclusion of each presentation, during which the participants are asked to identify lessons both for their own organizations and for child survival and MCH programs in general.

Promising NGO Practices for Improving Child Survival

The facilitator should organize the lessons distilled by the group into the following categories:

- # **Best Practices:** approaches that have been tried, tested, and proven effective
- # **Promising Practices:** approaches that have been tried and that appear to be effective and sustainable, but which require further documentation and analysis
- # **Underdeveloped Practices:** approaches that have been used to some extent, but which can be modified to be more appropriate and effective
- # **Untested Practices:** approaches that have yet to be widely used, but which appear to be relevant and worthwhile.

It is important to note that a three-day workshop does not provide sufficient time to collect comprehensive information about any of the NGO strategies or practices. Further investigation and documentation of the promising practices may be necessary before they can be usefully disseminated to other NGOs.

Session 8. Feedback on the Experiential Learning Cycle

This is a short session (a half-hour or less) during which participants offer feedback on the usefulness of the experiential learning cycle as a framework for analyzing NGO practices. The participants can break into small groups (i.e., the teams from each of the NGOs) to express and formulate their observations before sharing them with the full group.

The NGOs appear to find the experiential learning cycle a practical tool for analyzing their own programs and activities. Indeed, several NGOs have subsequently used this approach to analyze their own strategies and activities, according to follow-up interviews conducted with the participants. Nonetheless, most of the NGO participants exhibited a need for further guidance about how to systematically use this and other participatory methods to undertake regular, ongoing monitoring and evaluation of their programs and activities.

Session 9. Assessing the NGOs' Technical Assistance Needs

Each NGO team is asked to complete a written questionnaire about their needs for technical assistance and training. The teams are asked to list and then to rank the knowledge and skill areas in which they would like further training or assistance.

The information provided on these questionnaires is combined with other information gathered during the initial analyses of NGO programs used to select the workshop participants and during discussions with NGO representatives prior to and during the workshop. The three-day workshop format does not allow time for a thorough discussion of the NGOs' technical assistance priorities and or the possible means by which such assistance might be delivered.

The participants in the BASICS workshops identified a shared need to learn and implement participatory methods of

- # identifying and analyzing child health and survival problems, particularly to collect and analyze qualitative data
- # implementing health education and community mobilization activities, particularly using the adult/nonformal education (problem-solving) approach
- # monitoring and evaluating child survival programs.

Session 10. Workshop Evaluation

Each participant completes a written evaluation of the workshop, providing feedback on the content, methodology, and logistics.

The NGOs involved in the two BASICS workshops had demonstrated an interest in the process from the outset, and they participated actively in the workshop sessions. All reported finding the sessions beneficial, in particular, because of the participatory nature of the activities. They valued being able to share their experiences, learn about and from other NGOs, develop a new tool for periodically analyzing their own strategies (i.e., the experiential learning cycle), and identify some lessons and priorities for future child survival and community health programs.

Session 11. Discussion of Next Steps

This session is a discussion among the full group of possible follow-up activities to build on the results of the workshop. The participants should be encouraged to envision both informal and more structured follow-up, including meetings, documentation, and further research or analysis.

Session 12. Wrap Up

Each participant is given a chance to make a final comment to the group.

Annex C: Promising Practices for Child Survival

The wide variety of promising practices presented at the workshops range from broad strategies for implementing community health programs to narrowly targeted practices appropriate for a particular context. They include approaches and methods that the participants felt had already been proven effective (“best practices”), as well as more experimental, untested, or unevaluated approaches.

The promising practices identified by the program encompass activities at three basic levels:

- # Community level
- # Health facility level
- # District level

The specific practices identified at each of these levels are outlined below.

PROMISING PRACTICES AT THE COMMUNITY LEVEL

1. Integrated approaches to health and development

Several NGOs support an integrated approach to community development, mixing child survival with other aspects of development such as improving safe water supplies, food security, and income generating potential. The adoption of an integrated approach is the inevitable result of the use of participatory methods to analyze and prioritize health problems facing the community. Some NGOs are directly involved in implementing integrated programs while others facilitate connections between members of the community and development workers.

For example, one NGO in Senegal helps communities establish socioeconomic infrastructures as well as administrative systems for micro-dams, irrigated areas, and factories for bricks, stone, and tile. Another uses water projects as a point of entry for integrated community development, followed by farming areas, community shops, millet mills, oil presses, threshing machines, and literacy programs.

2. Participatory community study as a basis for child survival activities.

This practice has two parts: collecting objective information before a project is designed, and making the community a full partner in the design and implementation process. The NGOs collect both quantitative and qualitative information and involve community members in gathering and analyzing the data. This improves the quality of the data and becomes an important learning process for members of the community, setting the stage for more successful collaboration between community members and the NGOs.

One NGO in Senegal uses a “problem tree” to assist communities in analyzing the roots of their own problems and identifying priority actions to take to solve these problems.

3. Involving different members of the community.

Most child survival programs focus attention on mothers of young children. However, the discussion at the workshops suggests that other community actors should be involved, including men, community leaders, older women, teachers, school students, and, often, traditional healers.

The key is to determine which community actors have an important influence on the practices of mothers and other family members in each community and involve them in the program. For example, one NGO in Burkina Faso sought to ensure that village leaders were systematically informed and involved in all decision-making by appointing them to be the project’s official liaisons with members of the community and the MOH.

A number of NGOs have found that aiming child survival messages at men as well as women and inviting men to participate in maternal and child health programs improved the effectiveness of their programs. Other NGOs target older women, because they have enormous influence on critical nutritional practices of mothers in some communities. Still others seek to capitalize on the role of teachers in society and transform students into change agents by instilling in them a sense of responsibility for promoting better health among their family members, schoolmates, and others in their community. For example, a program might teach students about the value of immunization and the importance of the vaccination calendar and then encourage students to “adopt” a neighboring infant and help the infant’s mother follow the vaccination calendar.

4. Strengthening local organizations to sustain programs.

NGOs have learned that communities cannot sustain child survival programs unless there are community structures in place to oversee and direct these activities. A number of NGOs therefore place a priority on building the capacity of existing community-based organizations to address priority child health problems. One NGO in Burkina Faso is helping communities establish mother support groups, through which experienced mothers can support new mothers in exclusive breastfeeding.

5. Engaging community volunteers to be health promoters.

Many NGOs train, support, and use volunteers in various ways, including to convey information to members of the community and to promote behaviors and activities related to improved health and development. However, a number of NGOs have found that using community volunteers for health promotion can be difficult in practice. Volunteers' motivation may wane, and their level of involvement may be insufficient to the task at hand. They may lack the skills to be effective community mobilizers or communicators, even if their technical training is adequate. One NGO in Senegal has found that community members often lose their motivation when there is a great disparity between their expectations and their capabilities or results.

6. Strengthening community problem-solving capacity via participatory methods.

There was consensus among the NGOs participating in the two BASICS workshops that the sustainability of any child survival strategy depends on the capacity of the community to analyze its own health problems, identify solutions, and organize itself to implement those solutions. They have found that child survival strategies can develop a "can-do" spirit within a community by engaging people in a process of self-discovery and active, participatory problem solving, rather than using the traditional one-directional approach, through which people are taught technical solutions by the "experts." One NGO in Senegal uses an approach that is built around principles of adult education to involve community members in child survival programs. Participants analyze real situations, envision solutions, and then organize themselves to implement remedial actions. They use role playing, storytelling, songs, and game playing.

7. Monitoring and evaluating programs and following up with community members.

The NGO workshop participants agree that monitoring, evaluation, and ongoing dialogue with communities are vital to the success of child survival and community health programs. One NGO in Burkina Faso has involved local community members in evaluations of their project and found that those involved became deeply involved in implementing the evaluation team's recommendations for improving the project.

PROMISING PRACTICES AT THE HEALTH FACILITY LEVEL

Some of the NGOs participating in the Promising Practices workshops work to improve the quality of services at health facilities, even though most NGOs' child survival strategies are centered around health promotion and management of childhood illness at the community level.

8. Encouraging a positive experience for visitors to health facilities.

NGOs and the MOH both recognize that the quality of the reception people receive at health facilities influences how frequently they use such facilities. All health workers receive training to improve their interpersonal skills, but there continues to be a need to improve health workers' skills in this area. For example, church-run health facilities have a reputation for making their visitors and patients feel more welcome and important than government-operated facilities.

9. Using local food products.

Local food products are likely to be more acceptable to clients and less costly than non-local foods. One NGO in Senegal developed eight different weaning cereals that use local foods and can be manufactured at local health centers.

PROMISING PRACTICES AT THE DISTRICT LEVEL

Although most of the NGO activities focused on communities rather than on health districts, the participants in the Senegal workshop concluded that NGOs should collaborate closely with district health teams in order to combine resources, eliminate duplications of effort, increase the competence of MOH personnel in community health approaches, and increase the sustainability of child survival activities.

10. Increasing the competence of MOH health workers in community health approaches.

Many MOH district health workers lack adequate training and skills in community health approaches, and some NGOs have attempted to address this shortcoming by sharing their experience and expertise in this area. One NGO in Senegal seeks to encourage health workers to adopt participatory practices and to work collaboratively with communities, in part through regular feedback meetings that involve MOH workers, community leaders, and health workers.

11. Collaborating with development workers from different sectors.

Several NGOs foster collaboration between MOH staff and development workers from other sectors, such as agriculture, education and rural water systems. One NGO in Senegal has involved development workers from the Ministry of Interior in its community health programs.

Annex D: Acronyms

ABEPE	Child-to-Child Association of Burkina Faso
APAIB	Association for the Promotion of Infant Feeding of Burkina Faso (<i>Association pour la promotion de l'alimentation infantile Burkinabe</i>)
APSPCS	Association of Private Catholic Health Centers of Senegal (<i>Association de postes de santé privés Catholiques du Senegal</i>)
ASBEF	Association for Family Welfare of Senegal (<i>Association Senegalaise pour bien-être familial</i>)
BASICS	Basic Support for Institutionalizing Child Survival
CBO	Community-based organization
MCH	Maternal and child health
MOH	Ministry of Health
NGO	Nongovernmental organization
ORT	Oral rehydration therapy
PVO	Private voluntary organization
SANAS	Food and Nutrition Service of Senegal (division of the MOH)
SCF/Netherlands	Save the Children/Netherlands, Dutch affiliate of the International Save the Children Alliance
SCF/US	Save the Children Federation, U.S. affiliate of the International Save the Children Alliance
TOSTAN	U.S. NGO devoted to education and literacy in Senegal
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VE/Kolda	Vredeseilanden/Kolda, Belgian-based NGO operating in Senegal (also known as "Ile de Paix")